		<u> </u>	Doo 2 Fil	<u>~4 U3/36/</u>	<u> </u>		コピカににつ	1 10.0L.	22 Doce Main	
Fill	in this information	to identify your case:						Check one bo	ox only as directed in th	is form and in
D	ebtor 1	Franco	John	Urban					no presumption of abo	ise.
_		First Name	Middle Name	Last Name				_	culation to determine if	
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name					pplies will be made une st Calculation (Official F	
U	nited States Bankru	uptcy Court for the:	Easte	ern District of	Pennsylvania	a	_	☐3. The Me	ans Test does not apply	now because
_	ase number							of qualified	d military service but it o	could apply later.
(if	known)							Check if the	nis is an amended filing	
Of	ficial Form	122A-1								
— Cł	napter 7.9	 Statement	of Your	Curren	t Mont	hlv I	ncor	me		12/19
attao and	ch a separate shee case number (if kr	et to this form. Includ nown). If you believe	le the line number that you are exem	to which the a	additional inforesumption	ormation of abuse	applies. because	On the top of you do not ha	ing accurate. If more s any additional pages, ave primarily consume 707(b)(2) (Official Forr	write your name r debts or
	this form.	, , , , , ,			•	•		•	(5)(7)(-12)	
Pa	rt 1: Calculate	Your Current Mor	nthly Income							
1.		ital and filing status?								
		ill out Column A, line								
		our spouse is filing v our spouse is NOT fi				2-11.				
		he same household				olumn A a	and B. lin	es 2-11.		
	Living sep under per	parately or are legally	separated. Fill out ou and your spous	ut Column A, li e are legally s	nes 2-11; do eparated und	not fill out er nonbar	Column	B. By checkir law that applie	ng this box, you declare es or that you and your 07(b)(7)(B).	
10 va ex	01(10A). For examparied during the 6 m	ole, if you are filing or nonths, add the incom	n September 15, the ne for all 6 months	e 6-month per and divide the	riod would be total by 6. F	March 1	through A esult. Do i	August 31. If the not include ar	ile this bankruptcy cas ne amount of your mon ny income amount more ve nothing to report for	thly income than once. For
							Colum Debto		Column B Debtor 2 or non-filing spouse	
2.	Your gross wage deductions).	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).						\$4,499.17		
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.							\$0.00		
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.							\$0.00		
5.	. ,	operating a busines		Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$0.00						
	Ordinary and nece	essary operating expe	enses	- \$0.00						
	Net monthly incor	ne from a business, p	profession, or farm	\$0.00		Copy here →		\$0.00		
6.	Net income from	rental and other real	property	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$0.00						
	Ordinary and nece	essary operating expe	enses	- \$0.00						
	Makes and the Co			\$0.00		Сору				
	Net monthly incor	ne from rental or othe	er rear property			here →		\$0.00		
7	Interest dividend	la and revelties						\$0.00		

Debtor 1

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			Column A Debtor 1	Column B Debtor 2 or non-filing spouse				
	8. Unemployment compensation		\$0.0	00				
	Do not enter the amount if you contend that the under	amount received was a benefit						
	the Social Security Act. Instead, list it here:							
	For you	<u>)</u>						
	For your spouse	······	-					
	9. Pension or retirement income. Do not include a benefit under the Social Security Act. Also, exce do not include any compensation, pension, pay, United States Government in connection with a disability, or death of a member of the uniformed retired pay paid under chapter 61 of title 10, ther that it does not exceed the amount of retired pay entitled if retired under any provision of title 10 or	pt as stated in the next sentence, annuity, or allowance paid by the disability, combat-related injury or I services. If you received any in include that pay only to the extent to which you would otherwise be	\$0.0	<u> </u>				
	10. Income from all other sources not listed abov Do not include any benefits received under the received as a victim of a war crime, a crime aga domestic terrorism; or compensation, pension, the United States Government in connection wi injury or disability, or death of a member of the list other sources on a separate page and put the	Social Security Act; payments ainst humanity, or international or pay, annuity, or allowance paid by ith a disability, combat-related uniformed services. If necessary,						
	Estimated Pro-Rata 2023 Federal Income Tax Refun	nd	\$143.0	00				
	Total amounts from separate pages, if any.		+	+				
	11. Calculate your total current monthly income. A each column. Then add the total for Column A		\$4,642.1	+	= \$4,642.17 Total current monthly income			
Pa	rt 2: Determine Whether the Means Test A	pplies to You						
12.	Calculate your current monthly income for the year.							
	12a. Copy your total current monthly income from lin	e 11		Copy line 11 here →	\$4,642.17			
	Multiply by 12 (the number of months in a year)			x 12				
	12b. The result is your annual income for this part of	the form.		12b.	\$55,706.04			
13.	Calculate the median family income that applies to y	ou. Follow these steps:						
	Fill in the state in which you live.	Pennsylvania						
	Fill in the number of people in your household.	1		_				
	Fill in the median family income for your state and size of household							
	How do the lines compare?							
14a. ☑ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse.</i> Go to Part 3. Do NOT fill out or file Official Form 122A-2.								
	14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2.</i> Go to Part 3 and fill out Form 122A–2.							

Debtor 1

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Middle Name

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Franco John Urban

Signature of Debtor 1

Date 03/26/2024

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.